



STATE OF NEW YORK
DEPARTMENT OF MOTOR VEHICLES
6 EMPIRE STATE PLAZA
ALBANY, NY 12228

03/12/2007

LISA M ROBINSON, ESQ
GOLDBERG SEGALLA LLP
5789 WIDEWATERS PARKWAY
SYRACUSE, NY 13214

This is a receipt. This is in response to your request for copies of a motor vehicle accident report.

DMV Request Tracking #: 205715
Payment Type: Check (Manual)
Case: 31959656
Accident Date: 08/28/2006

Drivers:

1. BURGESS, RONALD
2. TAMBADOU, SOULEYMANE
3. DORCE, ANTONIDE
4. BARRY, HOMIDOU
5. GEORGE, DOREEN
6. TRANDUTRIEU, ROSY
7. CSILLAG, LORA
8. ULNA, MALARY
9. CADELIS, LYONEL
10. SOUMA, STEPHANIE
11. DAVID, ANNE-CLAUDE
12. RIVERA, JORGE
13. KALEBA, ELISEE LOMBO
14. FRIGONE, KARINE
15. MILAUD, LILIANE M
16. WENICK, ROCHELLE
17. KOIDE, MARIE
18. TALLEDO, CHRISTINA
19. BAGES, CAROLINA
20. GEIOGE, SHERRY ANN
21. GEIOGE, VOSHANA
22. BAH, MAMADOU
23. BAH, GNALEN
24. THORNTON, ANNIKA
25. BOUDET, LAURE
26. CRACIER, SYLVIA

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Local Codes

SPPK16000120

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (7/01)
☐ AMENDED REPORT **DMV COPY**

31 662111

19
47

1	Accident Date Month 08 Day 28 Year 2006	Day of Week Mon	Military Time 18:43	No. of Vehicles 1	No. Injured 48	No. Killed 5	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input type="checkbox"/> No	20 X																																																																																																																	
2	VEHICLE 1 Driver License ID Number 691717761 Driver Name - exactly as printed on license BURGESS, RONALD Address (Include Number & Street) 455 ACKERMAN AVE City or Town CENTRAL ISLIP State NY Zip Code 11722				<input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN VEHICLE 2 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number & Street) City or Town State Zip Code						21																																																																																																																
3	Date of Birth Month 07 Day 11 Year 1954	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 53	Public Property Damaged <input checked="" type="checkbox"/>	Date of Birth Month Day Year	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	22																																																																																																																
4	Name - exactly as printed on registration GREYHOUND BUS LINES INC. Address (Include Number & Street) 350 N ST PAUL MS350 City or Town DALLAS State TX Zip Code 75201				Name - exactly as printed on registration Address (Include Number & Street) City or Town State Zip Code						23 1																																																																																																																
5	Plate Number R7HW58	State of Reg. TX	Vehicle Year & Make 2000 MCIN	Vehicle Type BUS	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	24																																																																																																																
6	Ticket/Arrest Number(s)					Ticket/Arrest Number(s)					25 1																																																																																																																
7	Violation Section(s)					Violation Section(s)					26																																																																																																																
8	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes Vehicle By INTEGRITY Towed: To NYS DOT PLATTS					Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes Vehicle By Towed: To					Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On 1. 2. 3. 4. 5. 6. 7. 8. Overtaking Left Turn 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. ACCIDENT DIAGRAM See the second page for the accident diagram Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					27 2																																																																																																											
9	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER					Place Where Accident Occurred: County ESSE <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of ELIZABETH TOWN, TOWN OF Road on which accident occurred I-87 N/B (Route Number or Street Name) at 1) intersecting street or 2) 1 <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of MILE POST MARKER 116 (Milepost, Nearest Intersecting Route Number or Street Name)					28 12																																																																																																																
10	Reference Marker Coordinates (if available) 8 7 1 Latitude/Northing: 615998 1 2 1 1 Longitude/Easting: 4894127 1 3 3 9										29 23																																																																																																																
11	Accident Description/Officer's Notes INVESTIGATION REVEALED THAT APPROXIMATELY 6:45 PM, A 2000 MCI GREYHOUND MOTOR COACH, BEARING TEXAS REGISTRATION R7HW58, OPERATED BY RONALD BURGESS EN ROUTE TO MONTREAL, QUEBEC FROM NEW YORK CITY, NEW YORK, CARRYING FIFTY-TWO PASSENGERS. V-1 WAS TRAVELING NORTHBOUND ON I-87 TOWN OF ELIZABETH TOWN WHEN ITS LEFT FRONT TIRE FAILED, CAUSING VEHICLE ONE TO LOSE CONTROL. OPERATOR OF VEHICLE ONE WAS										30																																																																																																																
12	ALL INVOLVED <table border="1"> <thead> <tr> <th></th> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17</th> <th>18</th> <th>BY</th> <th>TO</th> <th>Names of all Involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>01</td> <td>1</td> <td>4</td> <td>1</td> <td>52</td> <td>M</td> <td>12</td> <td>X</td> <td>1</td> <td>9994</td> <td>1605</td> <td></td> <td></td> <td>BURGESS, RONALD</td> <td>08/28/2006</td> </tr> <tr> <td>B</td> <td>01</td> <td>7</td> <td>1</td> <td>3</td> <td>16</td> <td>M</td> <td>X</td> <td>X</td> <td>1</td> <td>9994</td> <td>1605</td> <td></td> <td></td> <td>TAMBADOU, SOULEYMANE</td> <td>08/28/2006</td> </tr> <tr> <td>C</td> <td>01</td> <td>7</td> <td>1</td> <td>3</td> <td>81</td> <td>F</td> <td>X</td> <td>X</td> <td>1</td> <td>9994</td> <td>1605</td> <td></td> <td></td> <td>DORCE, ANTONIDE</td> <td>08/28/2006</td> </tr> <tr> <td>D</td> <td>01</td> <td>7</td> <td>1</td> <td>2</td> <td>34</td> <td>M</td> <td>X</td> <td>X</td> <td>1</td> <td>9994</td> <td>1605</td> <td></td> <td></td> <td>BARRY, HOMIDOU</td> <td>08/28/2006</td> </tr> <tr> <td>E</td> <td>01</td> <td>7</td> <td>1</td> <td>2</td> <td>79</td> <td>F</td> <td>X</td> <td>X</td> <td>X</td> <td>9994</td> <td>1605</td> <td></td> <td></td> <td>GEORGE, DOREEN</td> <td>08/28/2006</td> </tr> <tr> <td>F</td> <td>01</td> <td>7</td> <td>1</td> <td>X</td> <td>18</td> <td>F</td> <td>X</td> <td>X</td> <td>X</td> <td>9993</td> <td>1501</td> <td></td> <td></td> <td>TRANDUTRIEU, ROSY</td> <td></td> </tr> </tbody> </table>											8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all Involved	Date of Death Only	A	01	1	4	1	52	M	12	X	1	9994	1605			BURGESS, RONALD	08/28/2006	B	01	7	1	3	16	M	X	X	1	9994	1605			TAMBADOU, SOULEYMANE	08/28/2006	C	01	7	1	3	81	F	X	X	1	9994	1605			DORCE, ANTONIDE	08/28/2006	D	01	7	1	2	34	M	X	X	1	9994	1605			BARRY, HOMIDOU	08/28/2006	E	01	7	1	2	79	F	X	X	X	9994	1605			GEORGE, DOREEN	08/28/2006	F	01	7	1	X	18	F	X	X	X	9993	1501			TRANDUTRIEU, ROSY		31
	8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all Involved	Date of Death Only																																																																																																												
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F	01	7	1	X	18	F	X	X	X	9993	1501			TRANDUTRIEU, ROSY																																																																																																													
13	Officer's Rank and Signature Trooper Print Name G M Stannard					Badge/ID No. 2274 NCIC No. 11502 Precinct/Post Troop/Zone B3 Station/Beat/Sector 35 Reviewing Officer Weightman, S T Date/Time Reviewed 11/08/2006 16:13					32																																																																																																																

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Local Codes

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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (7/01)
DMV COPY

31 (662) 111

☐ AMENDED REPORT

DMV COPY

1		Accident Date Month 08 Day 28 Year 2006		Day of Week Mon	Military Time 18:43	No. of Vehicles 1	No. Injured 48	No. Killed 5	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>	20
2		VEHICLE 1				VEHICLE 2				<input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN		21
3		VEHICLE 1 - Driver License ID Number				VEHICLE 2 - Driver License ID Number				State of Lic.		22
4		Driver Name - exactly as printed on license				Driver Name - exactly as printed on license				Apt. No.		23
5		Address (Include Number & Street)				Address (Include Number & Street)				Apt. No.		24
6		City or Town				City or Town				State Zip Code		25
7		Date of Birth				Date of Birth				Sex		26
8		Month Day Year				Month Day Year				Sex		27
9		Name-exactly as printed on registration				Name-exactly as printed on registration				Sex		28
10		Address (Include Number & Street)				Address (Include Number & Street)				Apt. No.		29
11		City or Town				City or Town				State Zip Code		30
12		Plate Number				Plate Number				State of Reg.		31
13		Vehicle Year & Make				Vehicle Year & Make				Vehicle Type		32
14		Ins. Code				Ins. Code				Ins. Code		33
15		Ticket/Arrest Number(s)				Ticket/Arrest Number(s)				Violation Section(s)		34
16		Violation Section(s)				Violation Section(s)				Violation Section(s)		35
17		Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.		36
18		VEHICLE 1 DAMAGE CODES				VEHICLE 2 DAMAGE CODES				ACCIDENT DIAGRAM		37
19		Box 1 - Point of Impact				Box 1 - Point of Impact				See the second page for the accident diagram		38
20		Box 2 - Most Damage				Box 2 - Most Damage				Cost of repairs to any one vehicle will be more than \$1000.		39
21		Enter up to three more Damage Codes				Enter up to three more Damage Codes				<input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		40
22		Vehicle By Towed: To				Vehicle By Towed: To						41
23		VEHICLE DAMAGE CODING:				VEHICLE DAMAGE CODING:						42
24		1-13. SEE DIAGRAM ON RIGHT.				1-13. SEE DIAGRAM ON RIGHT.						43
25		14. UNDERCARRIAGE 17. DEMOLISHED				14. UNDERCARRIAGE 17. DEMOLISHED						44
26		15. TRAILER 18. NO DAMAGE				15. TRAILER 18. NO DAMAGE						45
27		16. OVERTURNED 19. OTHER				16. OVERTURNED 19. OTHER						46
28		Reference Marker				Coordinates (if available)				Place Where Accident Occurred:		47
29		8 7 1				Latitude/Northing: 615998				County ESSE <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of ELIZABETHTOWN, TOWN OF		48
30		1 2 1 1				Longitude/Easting: 4894127				Road on which accident occurred I-87 N/B		49
31		1 3 3 9								(Route Number or Street Name)		50
32										at 1) intersecting street		51
33										(Route Number or Street Name)		52
34										or 2) 1 <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of MILE POST T MARKER 116		53
35										(Milepost, Nearest Intersecting Route Number or Street Name)		54
36		Accident Description/Officer's Notes				Accident Description/Officer's Notes				USE COVER SHEET N		55
37		UNABLE TO CONTROL THE BUS. THE BUS LEFT THE WEST SHOULDER OF THE ROADWAY AND OVERTURNED AT LEAST				UNABLE TO CONTROL THE BUS. THE BUS LEFT THE WEST SHOULDER OF THE ROADWAY AND OVERTURNED AT LEAST						56
38		ONE TIME IN THE MEDIAN. VEHICLE ONE CAME TO REST ON ITS ROOF APPROXIMATELY 500 FEET NORTH OF WERE				ONE TIME IN THE MEDIAN. VEHICLE ONE CAME TO REST ON ITS ROOF APPROXIMATELY 500 FEET NORTH OF WERE						57
39		IT LEFT THE ROADWAY. FIVE OCCUPANTS SUSTAINED FATAL INJURIES AND 48 PASSENGER WERE TRANSPORTED TO				IT LEFT THE ROADWAY. FIVE OCCUPANTS SUSTAINED FATAL INJURIES AND 48 PASSENGER WERE TRANSPORTED TO						58
40		AREA HOSPITALS WITH INJURIES. NEW YORK STATE DEPARTMENT OF TRANSPORTATION NOTIFIED OF DAMAGE TO				AREA HOSPITALS WITH INJURIES. NEW YORK STATE DEPARTMENT OF TRANSPORTATION NOTIFIED OF DAMAGE TO						59
41		ALL INVOLVED				ALL INVOLVED						60
42		8 9 10 11 12 13 14 15 16 17 BY TO 18				Names of all Involved				Date of Death Only		61
43		A 01 7 1 X 28 F X X X 9993 1501				CSILLAG, LORA						62
44		B 01 7 1 X 73 F X X X 9993 1501				ULNA, MALARY						63
45		C 01 7 1 X 53 M X X X 9993 1501				CADELIS, LYONEL						64
46		D 01 7 1 X 38 M X X X 9993 1501				SOUMA, STEPHANIE						65
47		E 01 7 1 X 26 F X X X 9993 1501				DAVID, ANNE-CLAUDE						66
48		F 01 7 1 X 26 M X X X 9993 1501				RIVERA, JORGE						67
49		Officer's Rank and Signature				Badge/ID No.				NCIC No.		68
50		Print Name in Full G M Stannard				2274				11502		69
51		Trooper				Precinct/Post				Station/Beat/		70
52						Troop/Zone				Sector		71
53										Reviewing		72
54										Officer		73
55										Weightman, S T		74
56										Date/Time Reviewed		75
57										11/08/2006 16:13		76

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POLICE ACCIDENT REPORT
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1	Accident Date Month 08 Day 28 Year 2006		Day of Week Mon	Military Time 18:43	No. of Vehicles 1	No. Injured 48	No. Killed 5	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input type="checkbox"/> No	19																	
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5	Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code				Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code							23																
6	Ticket/Arrest Number(s) Violation Section(s)				Ticket/Arrest Number(s) Violation Section(s)							24																
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8	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes				Rear End 1. Left Turn 3. Right Angle 4. Right Turn 5. Head On 7. Overtaking 2. Left Turn 6. Right Turn 8. Sideswipe ACCIDENT DIAGRAM See the second page for the accident diagram				26															
9	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				13 12 11 10 9 8 7 6 5 4 3 2 1				Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				27															
10	Reference Marker				Coordinates (if available)				Place Where Accident Occurred: County ESSE <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of ELIZABETHTOWN, TOWN OF Road on which accident occurred 1-87 N/B (Route Number or Street Name) at 1) intersecting street (Route Number or Street Name) or 2) 1 <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of MILE POST T MARKER 116 Feet Miles (Milepost, Nearest Intersecting Route Number or Street Name)				28															
11	Accident Description/Officer's Notes				GUIDE RAILS.				USE COVER SHEET N				29															
12	ALL INVOLVED				8 9 10 11 12 13 14 15 16 17 BY TO 18 A 01 7 1 X 33 F X X X 9993 1501 KALEBA, ELISEE LOMBO B 01 7 1 X 31 F X X X 9993 1501 FRIGONE, KARINE C 01 7 1 X 55 F X X X 9993 1501 MILAUD, LILIANE M D 01 7 1 X 57 F X X X 9993 1501 WENICK, ROCHELLE E 01 7 1 X 27 F X X X 9993 1501 KOIDE, MARIE F 01 7 1 X 18 F X X X 9993 1503 TALLEDO, CHRISTINA				Date of Death Only				30															
13	Officer's Rank and Signature Print Name G M Stannard				Badge/ID No. 2274				NCIC No. 11502				Precinct/Post Troop/Zone B3				Station/Beat/Sector 35				Reviewing Officer Weightman, S T				Date/Time Reviewed 11/08/2006 16:13			

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Driver Name - exactly as printed on license						Driver Name - exactly as printed on license																												
Address (Include Number & Street)						Apt. No.		Address (Include Number & Street)				Apt. No.																						
City or Town						State		Zip Code		City or Town				State		Zip Code		22																
3	Date of Birth Month Day Year		Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	Date of Birth Month Day Year		Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	23																					
Name - exactly as printed on registration						Sex		Date of Birth Month Day Year		Name - exactly as printed on registration		Sex		Date of Birth Month Day Year																				
Address (Include Number & Street)						Apt. No.		Haz. Mat. Code		Released <input type="checkbox"/>		Address (Include Number & Street)		Apt. No.		Haz. Mat. Code		Released <input type="checkbox"/>		24														
City or Town						State		Zip Code		City or Town						State		Zip Code																
Plate Number		State of Reg.		Vehicle Year & Make		Vehicle Type		Ins. Code		Plate Number		State of Reg.		Vehicle Year & Make		Vehicle Type		Ins. Code																
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VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes											VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes											ACCIDENT DIAGRAM See the second page for the accident diagram Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											27	
Vehicle By Towed: To											Vehicle By Towed: To											9.											28	
VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER											10.											11.											29	
Reference Marker 8 7 1 1 2 1 1 1 3 3 9											Coordinates (if available) Latitude/Northing: 615998 Longitude/Easting: 4894127											Place Where Accident Occurred: County ESSE City <input type="checkbox"/> Village <input type="checkbox"/> Town <input checked="" type="checkbox"/> of ELIZABETHTOWN, TOWN OF Road on which accident occurred I-87 N/B at 1) intersecting street or 2) 1 of MILE POST T MARKER 116 Feet Miles (Milepost, Nearest intersecting Route Number or Street Name)											30	
Accident Description/Officer's Notes											USE COVER SHEET N																							

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all Involved		Date of Death Only
A	01	7	1	X	29	F	X	X	X	9993	0901	BOUDET, LAURE				
B	01	7	X	X	56	F	X	X	X	9993	0901	CRACIER, SYLVIA				
C	01	7	1	X	56	F	X	X	X	9993	0901	MACHOLD, ABI-SARA				
D	01	7	1	X	28	M	X	X	X	9993	0901	YOPA FEZE, CHRISTIAN				
E	01	7	1	X	39	M	X	X	X	9993	0901	SCHENDLER, JOHN				
F	01	7	1	X	24	M	X	X	X	9993	0901	GARCIA, PAOLA				
Officer's Rank and Signature Trooper <i>[Signature]</i> Badge/ID No. 2274 NCIC No. 11502 Precinct/Post Troop/Zone B3 Station/Beat Sector 35 Reviewing Officer Weightman, S T Date/Time Reviewed 11/08/2006 16:13																

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Local Codes

SPPK16000120

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (7/01)
DMV COPY

31 662000

☐ AMENDED REPORT

DMV COPY

1	Accident Date Month 08 Day 28 Year 2006		Day of Week Mon	Military Time 18:43	No. of Vehicles 1	No. Injured 48	No. Killed 5	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input type="checkbox"/> No	20		
2	VEHICLE 1					<input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN						21	
3	VEHICLE 1 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number & Street) City or Town State Zip Code					VEHICLE 2 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number & Street) City or Town State Zip Code						22	
4	Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/>					Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/>						23	
5	Name - exactly as printed on registration Address (Include Number & Street) City or Town State Zip Code					Name - exactly as printed on registration Address (Include Number & Street) City or Town State Zip Code						24	
6	Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code					Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code						25	
7	Ticket/Arrest Number(s) Violation Section(s)					Ticket/Arrest Number(s) Violation Section(s)						26	
8	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.					Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.					Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.		27
9	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes					VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes					ACCIDENT DIAGRAM See the second page for the accident diagram		28
10	Vehicle By Towed: To					Vehicle By Towed: To					Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		29
11	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER					Place Where Accident Occurred: County ESSE City <input type="checkbox"/> Village <input type="checkbox"/> Town <input checked="" type="checkbox"/> of ELIZABETHTOWN, TOWN OF Road on which accident occurred I-87 N/B at 1) intersecting street or 2) 1 Mile Post Marker 116 Feet Miles					(Route Number or Street Name) (Route Number or Street Name) (Milepost, Nearest Intersecting Route Number or Street Name)		30
12	Accident Description/Officer's Notes											USE COVER SHEET	
13	Reference Marker Coordinates (if available) 8 7 I Latitude/Northing: 615998 1 2 1 I Longitude/Easting: 4894127 1 3 3 9											31	
14	Names of all Involved Date of Death Only											32	
15	A 01 7 1 X 54 F X X X 9993 0901 GARCIA, MARIA B 01 7 1 X 23 M X X X 9993 0901 WANG, ZIBO C 01 7 1 X 55 M X X X 9993 0901 PLACID, JOSEPH D 01 7 1 X 49 F X X X 9993 0901 RENAUD, JOSEE E 01 7 1 X 22 F X X X 9993 0901 LAROCHE, CAROLINE A F 01 7 1 X 26 U X X X 9993 0901 HONDA, AKIKO											33	
16	Officer's Rank and Signature Trooper G M Stannard Badge/ID No. 2274 NCIC No. 11502 Precinct/Post Troop/Zone B3 Station/Beat/Sector 35 Reviewing Officer Weightman, S T Date/Time Reviewed 11/08/2006 16:13											34	

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Local Codes

SPPK16000120

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (7/01)
DMV COPY

31 66200

☐ AMENDED REPORT

DMV COPY

1		Accident Date Month 08 Day 28 Year 2006		Day of Week Mon	Military Time 18:43	No. of Vehicles 1	No. Injured 48	No. Killed 5	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input type="checkbox"/> No	20		
2		VEHICLE 1				<input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN							21	
3		VEHICLE 1 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number & Street) City or Town State Zip Code				VEHICLE 2 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number & Street) City or Town State Zip Code							22	
4		Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/>				Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/>							23	
5		Name - exactly as printed on registration Sex Date of Birth Month Day Year				Name - exactly as printed on registration Sex Date of Birth Month Day Year							24	
6		Address (Include Number & Street) Apt. No. Haz. Mat. Code <input type="checkbox"/> Released <input type="checkbox"/>				Address (Include Number & Street) Apt. No. Haz. Mat. Code <input type="checkbox"/> Released <input type="checkbox"/>							25	
7		City or Town State Zip Code				City or Town State Zip Code							26	
8		Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code				Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code							27	
9		Ticket/Arrest Number(s) Violation Section(s)				Ticket/Arrest Number(s) Violation Section(s)							28	
10		Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.				29
11		VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes				ACCIDENT DIAGRAM See the second page for the accident diagram				30
12		Vehicle By Towed: To				Vehicle By Towed: To				Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				31
13		VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				Place Where Accident Occurred: County ESSE <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of ELIZABETHTOWN, TOWN OF Road on which accident occurred I-87 N/B at 1) intersecting street or 2) 1 Mile Post Marker 116 Feet Miles				Names of all Involved Date of Death Only				32
14		Reference Marker Coordinates (if available) Latitude/Northing: 615998 Longitude/Easting: 4894127				Accident Description/Officer's Notes				USE COVER SHEET N				33
15		Officer's Rank and Signature Trooper Print Name G M Stannard				Badge/ID No. 2274 NCIC No. 11502 Precinct/Post Troop/Zone B3 Station/Beat/Sector 35 Reviewing Officer Weightman, S T Date/Time Reviewed 11/08/2006 16:13				ALL INVOLVED A 01 7 1 X 26 M X X X 9992 0901 BEDARD, GUILLAUME B 01 7 1 X 27 F X X X 9993 0901 BOUCHARD, NATALIE C 01 7 1 X 21 M X X X 9993 0901 ELIOSOFF, DANIEL D 01 7 1 X 34 M X X X 9993 0901 RIOND, DAVID REGIS E 01 7 1 X 25 M X X X 9993 0901 D'AMOURS, MARC-OLIVER F 01 7 1 X 21 F X X X 9993 0901 LAWSON, JESSICA				34

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)
ED REPORT **DMV COPY**

31 66200

SPPK16000120

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19

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24



Figure 1

2

1

ph

1

□

Names of all Involved										Date of Death Only			
A	01	7	1	X	28	M	X	X	X	9993	0901	CAPLIN, ROBERT	
B	01	7	1	X	13	M	X	X	X	9993	0901	SANTIAGO, LORENZO H	
C	01	7	1	X	16	F	X	X	X	9993	0901	SANTIAGO, KAREEM	
D	01	7	1	X	27	F	X	X	X	9993	0901	SANTIAGO, TERISTA	
E	01	7	1	X	0	M	X	X	X	9993	0901	PUNTEL, STEVEN	
F	01	7	1	X	42	F	X	X	X	9993	0901	TESANO, MARIE	

Officer's Rank and Signature	Trooper	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat/Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full	G M Stannard	2274	11502	B3	35	Weightman, S T	11/08/2006 16:13

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Local Codes

SPPK16000120

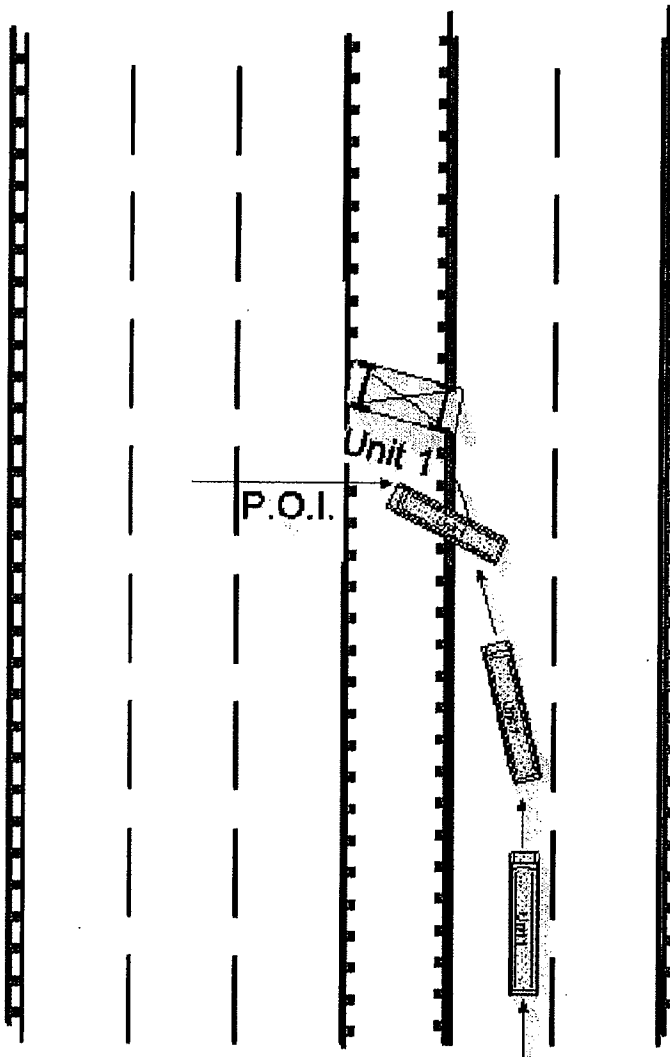
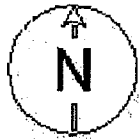
New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)
ED REPORT DMV COPY

31 66211

AMENDED REPORT DMV COPY

1		Accident Date Month 08 Day 28 Year 2006		Day of Week Mon		Military Time 18:43		No. of Vehicles 1		No. Injured 48		No. Killed 5		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input type="checkbox"/> Yes <input type="checkbox"/> No			
		VEHICLE 1										VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN									
2		VEHICLE 1 - Driver License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number & Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____										VEHICLE 2 - Driver License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number & Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____									
3		Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/>										Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/>									
4		Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number & Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/>										Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number & Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/>									
5		Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____										Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____									
6		Ticket/Arrest Number(s) _____ Violation Section(s) _____										Ticket/Arrest Number(s) _____ Violation Section(s) _____									
7		Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact _____ 1 _____ 2 _____ Box 2 - Most Damage _____ Enter up to three more Damage Codes _____ 3 _____ 4 _____ 5 _____ Vehicle Towed: By _____ To _____										Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact _____ 1 _____ 2 _____ Box 2 - Most Damage _____ Enter up to three more Damage Codes _____ 3 _____ 4 _____ 5 _____ Vehicle Towed: By _____ To _____									
8		VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. 									
9		Reference Marker _____ Coordinates (if available) _____ Latitude/Northing: 615998 Longitude/Easting: 4894127										Place Where Accident Occurred: County ESSE City _____ Village _____ Town of ELIZABETHTOWN, TOWN OF Road on which accident occurred I-87 N/B (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ 1 _____ N _____ E _____ W _____ of MILE POST T MARKER 116 (Milepost, Nearest intersecting Route Number or Street Name)									
10		Accident Description/Officer's Notes																			
11		Officer's Rank and Signature _____ Trooper _____ Print Name in Full G M Stannard																			
12		Badge/ID No. 2274 NCIC No. 11502 Precinct/Post Troop/Zone B3 Station/Beat/Sector 35 Reviewing Officer Weightman, S T Date/Time Reviewed 11/08/2006 16:13																			

31 662110



INTERSTATE 87



New York State Department of Motor Vehicles

31 1662111

POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS



MV-104D (3/02)

Page 1 of 5 Pages

Local Code SPPK16000120	Accident Date Month Day Yr. 08 28 2006	Military Time 18:43	County ESSE	City/Town/Village ELIZABETHTOWN,	No. Killed 5	No. of Vehicles 1	Work Related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Deceased BURGESS, RONALD 455 ACKERMAN AVE CENTRAL ISLIP NY 11722							

ACCIDENT DATA

Speed Limit (MPH) 65	Location (Route Number or Street Name) I-87 N/B																
Estimated Speed: Vehicle 1: _____ MPH <input checked="" type="checkbox"/> Unknown Vehicle 2: _____ MPH <input type="checkbox"/> Unknown Vehicle 3: _____ MPH <input type="checkbox"/> Unknown																	
Vehicle Model (for example, Mustang or Corvette): Vehicle 1: BUS Vehicle 2: _____ Vehicle 3: _____																	
Roadway Surface: <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Blacktop <input type="checkbox"/> Brick or Block <input type="checkbox"/> Dirt <input type="checkbox"/> Slag <input type="checkbox"/> Gravel <input type="checkbox"/> Stone <input type="checkbox"/> Other																	
No. of Lanes 2	Roadway Flow: <input type="checkbox"/> One Way Traffic <input checked="" type="checkbox"/> Divided highway, median strip <input type="checkbox"/> Divided highway, guard rail <input type="checkbox"/> Not physically divided <input type="checkbox"/> Divided highway, other barrier or barrier type unknown																
<table border="1"> <tr> <th colspan="2">EMERGENCY MEDICAL SERVICES*</th> <th>HOSPITAL INFORMATION</th> </tr> <tr> <td>Time (Military):</td> <td></td> <td>If the victim was taken to a hospital outside of NYS, give the name, county and state of that hospital:</td> </tr> <tr> <td>Notified</td> <td>18:44</td> <td>ADIRONDACK MEDICAL CENTERSARANAC LAKE SITE, FRANKLIN, NY</td> </tr> <tr> <td>Arrived at Scene</td> <td>18:55</td> <td>If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital:</td> </tr> <tr> <td>Arrived at Hospital</td> <td>05:00</td> <td></td> </tr> </table>			EMERGENCY MEDICAL SERVICES*		HOSPITAL INFORMATION	Time (Military):		If the victim was taken to a hospital outside of NYS, give the name, county and state of that hospital:	Notified	18:44	ADIRONDACK MEDICAL CENTERSARANAC LAKE SITE, FRANKLIN, NY	Arrived at Scene	18:55	If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital:	Arrived at Hospital	05:00	
EMERGENCY MEDICAL SERVICES*		HOSPITAL INFORMATION															
Time (Military):		If the victim was taken to a hospital outside of NYS, give the name, county and state of that hospital:															
Notified	18:44	ADIRONDACK MEDICAL CENTERSARANAC LAKE SITE, FRANKLIN, NY															
Arrived at Scene	18:55	If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital:															
Arrived at Hospital	05:00																

OCCUPANT DATA

Name	Deceased Yes/No	Time of Death	Extricated Yes/No**	Type of Extrication Equip. Used	Air Bags Deployed Yes/No	Not in Vehicle	Initial Point of Impact to Vehicle***
01 D BURGESS, RONALD	Y	18:43	Y		N	N	FRONT LEFT
TAMBADOU, SOULEYMANE	Y		N		N	N	
DORCE, ANTONIDE	Y		N		N	N	
BARRY, HOMIDOU	Y		Y	JAWS OF LIFE	N	N	
GEORGE, DOREEN	Y		Y	JAWS OF LIFE	N	N	
TRANDUTRIEU, ROSY	N		N		N	N	
CSILLAG, LORA	N		N		N	N	
ULNA, MALARY	N		N		N	N	
CADELIS, LYONEL	N		N		N	N	

* This includes any type of EMS service (for example, fire, police, private). If you are unable to furnish the EMS data, please give the name, address and plate number of the ambulances so we can contact them.

** To be "extricated," the victim must be pried from the wreckage. Unfastening the seat belt is not considered "extricated".

*** Indicate the first area of the vehicle that was impacted, for example, right front, undercarriage.

Additional Information

SIGN HERE	Officer's Rank and Signature Trooper <i>[Signature]</i>	Badge/ID No. 2274	NCIC No. 11502	Precinct/Post Troop/Zone B3	Station/Beat/ Sector 35	Reviewing Officer Weightman S T	Date/Time Reviewed 11/08/2006 16:13
	Print Name in Full G M Stannard						



New York State Department of Motor Vehicles

31 662111

POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS



MV-104D (3/02)

Page 2 of 5 Pages

Local Code SPPK16000120	Accident Date Month Day Yr. 08 28 2006	Military Time 18:43	County ESSE	City/Town/Village ELIZABETHTOWN,	No. Killed 5	No. of Vehicles 1	Work Related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Deceased TAMBADOU, SOULEYMANE 12435 AVE DE SAINT-CASTIN MONTREAL QC H3M2L9							

ACCIDENT DATA

Speed Limit (MPH) 65	Location (Route Number or Street Name) I-87 N/B		
Estimated Speed: Vehicle 1: _____ MPH <input checked="" type="checkbox"/> Unknown Vehicle 2: _____ MPH <input type="checkbox"/> Unknown Vehicle 3: _____ MPH <input type="checkbox"/> Unknown			
Vehicle Model (for example, Mustang or Corvette): Vehicle 1: BUS Vehicle 2: _____ Vehicle 3: _____			
Roadway Surface: <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Blacktop <input type="checkbox"/> Brick or Block <input type="checkbox"/> Dirt <input type="checkbox"/> Slag <input type="checkbox"/> Gravel <input type="checkbox"/> Stone <input type="checkbox"/> Other			
No. of Lanes 2	Roadway Flow: <input type="checkbox"/> One Way Traffic <input checked="" type="checkbox"/> Divided highway, median strip <input type="checkbox"/> Divided highway, guard rail <input type="checkbox"/> Divided highway, other barrier or barrier type unknown <input type="checkbox"/> Not physically divided		
EMERGENCY MEDICAL SERVICES*		HOSPITAL INFORMATION	
Time (Military): Notified 18:44 Arrived at Scene 18:55 Arrived at Hospital 05:00		If the victim was taken to a hospital outside of NYS, give the name, county and state of that hospital: ADIRONDACK MEDICAL CENTERSARANAC LAKE SITE, FRANKLIN, NY If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital:	

OCCUPANT DATA

Name	Deceased Yes/No	Time of Death	Extricated Yes/No**	Type of Extrication Equip. Used	Air Bags Deployed: Not in Yes/No Vehicle	Initial Point of Impact to Vehicle***

* This includes any type of EMS service (for example, fire, police, private). If you are unable to furnish the EMS data, please give the name, address and plate number of the ambulances so we can contact them.

** To be "extricated," the victim must be pried from the wreckage. Unfastening the seat belt is not considered "extricated."

*** Indicate the first area of the vehicle that was impacted, for example, right front, undercarriage.

Additional Information

SIGN HERE	Officer's Rank and Signature Trooper <i>GM</i>	Badge/ID No. 2274	NCIC No. 11502	Precinct/Post Troop/Zone B3	Station/Beat/ Sector 35	Reviewing Officer Weightman ST	Date/Time Reviewed 11/08/2006 16:13
	Print Name in Full G M Stannard						



New York State Department of Motor Vehicles

POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS

MV-104D (3/02)

31 662111



Page 3 of 5 Pages

Local Code SPPK16000120	Accident Date Month Day Yr. 08 28 2006	Military Time 18:43	County ESSE	City/Town/Village ELIZABETHTOWN,	No. Killed 5	No. of Vehicles 1	Work Related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Deceased DORCE, ANTONIDE 89 BELMONT PKWY HEMPSTEAD NY 11550							

ACCIDENT DATA

Speed Limit (MPH) 65	Location (Route Number or Street Name) I-87 N/B
Estimated Speed: Vehicle 1: _____ MPH <input checked="" type="checkbox"/> Unknown Vehicle 2: _____ MPH <input type="checkbox"/> Unknown Vehicle 3: _____ MPH <input type="checkbox"/> Unknown	
Vehicle Model (for example, Mustang or Corvette): Vehicle 1: BUS Vehicle 2: _____ Vehicle 3: _____	
Roadway Surface: <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Blacktop <input type="checkbox"/> Brick or Block <input type="checkbox"/> Dirt <input type="checkbox"/> Slag <input type="checkbox"/> Gravel <input type="checkbox"/> Stone <input type="checkbox"/> Other	
No. of Lanes 2	Roadway Flow: <input type="checkbox"/> One Way Traffic <input checked="" type="checkbox"/> Divided highway, median strip <input type="checkbox"/> Divided highway, guard rail <input type="checkbox"/> Divided highway, other barrier or barrier type unknown <input type="checkbox"/> Not physically divided
EMERGENCY MEDICAL SERVICES* Time (Military): Notified 18:44 Arrived at Scene 18:55 Arrived at Hospital 05:00	
HOSPITAL INFORMATION If the victim was taken to a hospital outside of NYS, give the name, county and state of that hospital: ADIRONDACK MEDICAL CENTERSARANAC LAKE SITE, FRANKLIN, NY If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital:	

OCCUPANT DATA

Name	Deceased Yes/No	Time of Death	Extricated Yes/No**	Type of Extrication Equip. Used	Air Bags Deployed: Not in Yes/No Vehicle	Initial Point of Impact to Vehicle***

* This includes any type of EMS service (for example, fire, police, private). If you are unable to furnish the EMS data, please give the name, address and plate number of the ambulances so we can contact them.

** To be "extricated," the victim must be pried from the wreckage. Unfastening the seat belt is not considered "extricated."

*** Indicate the first area of the vehicle that was impacted, for example, right front, undercarriage.

Additional Information

SIGN HERE	Officer's Rank and Signature Trooper <i>[Signature]</i>	Badge/ID No. 2274	NCIC No. 11502	Precinct/Post Troop/Zone B3	Station/Beat/ Sector 35	Reviewing Officer Weightman S T	Date/Time Reviewed 11/08/2006 16:13
	Print Name in Full G M Stannard						



New York State Department of Motor Vehicles

31 1662111

POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS



MV-104D (3/02)

Page 4 of 5 Pages

Local Code SPPK16000120	Accident Date Month Day Yr. 08 28 2006	Military Time 18:43	County ESSE	City/Town/Village ELIZABETHTOWN,	No. Killed 5	No. of Vehicles 1	Work Related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Deceased BARRY, HOMIDOU 3271 AV VAN HORNE APT 24 MONTREAL QC H3S7R3							

ACCIDENT DATA

Speed Limit (MPH) 65	Location (Route Number or Street Name) I-87 N/B					
Estimated Speed: Vehicle 1: _____ MPH <input checked="" type="checkbox"/> Unknown Vehicle 2: _____ MPH <input type="checkbox"/> Unknown Vehicle 3: _____ MPH <input type="checkbox"/> Unknown						
Vehicle Model (for example, Mustang or Corvette): Vehicle 1: BUS Vehicle 2: _____ Vehicle 3: _____						
Roadway Surface: <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Blacktop <input type="checkbox"/> Brick or Block <input type="checkbox"/> Dirt <input type="checkbox"/> Slag <input type="checkbox"/> Gravel <input type="checkbox"/> Stone <input type="checkbox"/> Other						
No. of Lanes 2	Roadway Flow: <input type="checkbox"/> One Way Traffic <input checked="" type="checkbox"/> Divided highway, median strip <input type="checkbox"/> Divided highway, guard rail <input type="checkbox"/> Not physically divided <input type="checkbox"/> Divided highway, other barrier or barrier type unknown					
<table border="1"> <tr> <td>EMERGENCY MEDICAL SERVICES*</td> <td>HOSPITAL INFORMATION</td> </tr> <tr> <td>Time (Military): Notified 18:44 Arrived at Scene 18:55 Arrived at Hospital 05:00</td> <td> If the victim was taken to a hospital outside of NYS, give the name, county and state of that hospital: ADIRONDACK MEDICAL CENTERS SARANAC LAKE SITE, FRANKLIN, NY If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital: </td> </tr> </table>			EMERGENCY MEDICAL SERVICES*	HOSPITAL INFORMATION	Time (Military): Notified 18:44 Arrived at Scene 18:55 Arrived at Hospital 05:00	If the victim was taken to a hospital outside of NYS, give the name, county and state of that hospital: ADIRONDACK MEDICAL CENTERS SARANAC LAKE SITE, FRANKLIN, NY If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital:
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OCCUPANT DATA

Name	Deceased Yes/No	Time of Death	Extricated Yes/No**	Type of Extrication Equip. Used	Air Bags Deployed: Not in Yes/No Vehicle	Initial Point of Impact to Vehicle***

* This includes any type of EMS service (for example, fire, police, private). If you are unable to furnish the EMS data, please give the name, address and plate number of the ambulances so we can contact them.

** To be "extricated," the victim must be pried from the wreckage. Unfastening the seat belt is not considered "extricated".

*** Indicate the first area of the vehicle that was impacted, for example, right front, undercarriage.

Additional Information

SIGN HERE	Officer's Rank and Signature Trooper <i>GM</i>	Badge/ID No. 2274	NCIC No. 11502	Precinct/Post Troop/Zone B3	Station/Beat/ Sector 35	Reviewing Officer Weightman ST	Date/Time Reviewed 11/08/2006 16:13
	Print Name in Full G M Stannard						



New York State Department of Motor Vehicles

31 662111

POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS



MV-104D (3/02)

Page 5 of 5 Pages

Local Code SPPK16000120	Accident Date Month Day Yr 08 28 2006	Military Time 18:43	County ESSE	City/Town/Village ELIZABETHTOWN,	No. Killed 5	No. of Vehicles 1	Work Related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Deceased GEORGE, DOREEN 5080 DECOURTRAI AVE 25 MONTREAL OC H3S7R3							

ACCIDENT DATA

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Additional Information

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	Print Name in Full G M Stannard						

New York State Department of Motor Vehicles

Page 1 of 1 Pages

Local Codes

SPPK16000120



TRUCK and BUS SUPPLEMENTAL POLICE ACCIDENT REPORT



MV-104S (2/02)

31 062000

☐ AMENDED REPORT**INSTRUCTIONS:** You must complete this form ONLY

- ◆ If at least one of the vehicles involved is
 - a truck with 6 or more tires; or
 - a vehicle with a Haz Mat placard; or
 - a bus designed to carry 16 or more persons
- ◆ AND at least one of the following conditions is met
 - at least one person sustained fatal injuries
 - at least one person was transported for IMMEDIATE medical treatment

Number of Qualifying Vehicles Involved:

- 0 Truck with 6 or more tires
- 0 A vehicle with a Haz Mat placard
- 1 Bus designed to carry 16 or more persons

Number of Vehicles/Persons:

- 1 Towed from scene due to damage
- 5 Sustaining fatal injuries
- 48 Transported for IMMEDIATE medical treatment

ACCIDENT DATE			Military Time	COUNTY	CITY/TOWN/VILLAGE
MO.	DAY	YEAR			
08	28	2006	18:43	ESSE	ELIZABETHTOWN, TOWN OF

DRIVER	License ID #	
	6 9 1 7 1 7 7 6 1	

Driver Name: BURGESS, RONALD

Date of Birth:

MO.	DAY	YR.	SEX	MV-104A/AN VEH NUMBER
07	11	1954	M	01

CARRIER'S NAME:

GREYHOUND LINES INC

SOURCE

- 1 Vehicle side
- 2 Shipping papers
- 3 Driver
- 4 Other
- 5 Unknown
- 6 Log Book

STREET OR P.O. BOX	CITY	STATE	ZIP CODE	TOTAL AXLES (includes trailers)
350 N ST PAUL MS350	DALLAS	TX	75201	3

CARRIER'S IDENTIFICATION NUMBERS	PLATE NUMBER	STATE OF REG.
US DOT 4 4 1 1 0 ICC MC	R7HW58	TX

GROSS VEHICLE WEIGHT RATING	VEHICLE IDENTIFICATION NUMBER
Truck/Tractor lbs. Total All Trailer(s) lbs.	1 M 8 P D M R A 6 Y P 0 5 2 5 5 1

VEHICLE CONFIGURATION

- 0 4 tires With Haz Mat Placard
- 1 Bus
- 2 Single-unit truck: 2 axles, 6 tires
- 3 Single-unit truck: 3 or more axles
- 4 Truck/trailer
- 5 Tractor (no trailer)
- 6 Tractor/semi-trailer
- 7 Tractor/doubles
- 8 Tractor/triples
- 9 Unknown heavy truck

TRAFFIC WAY

- 1 Not physically divided (2-way traffic)
- 2 Divided highway, median strip, without traffic barrier
- 3 Divided highway, median strip with traffic barrier
- 4 One-way traffic

CARGO BODY TYPE

- 1 Bus
- 2 Van/enclosed box
- 3 Cargo tank
- 4 Flatbed
- 5 Dump
- 6 Concrete mixer
- 7 Auto Transporter
- 8 Garbage/Refuse
- 9 Other

ACCESS CONTROL

- 1 No control (unlimited access)
- 2 Full control (only ramp entry and exit)
- 3 Other

HAZARDOUS MATERIALS INVOLVEMENT

Does vehicle have Haz Mat placard? 1 Yes 2 No

SEQUENCE OF EVENTS (FOR THIS VEHICLE)

- | NON-COLLISION: | | COLLISION WITH: | |
|------------------------|-------------------------------|-----------------|----|
| 01 Ran off road | 08 Pedestrian | 1st | 1 |
| 02 Jackknife | 09 Motor vehicle in transport | 2nd | 11 |
| 03 Overturn/Rollover | 10 Parked motor vehicle | 3rd | 12 |
| 04 Downhill runaway | 11 Train | 4th | 13 |
| 05 Cargo loss or shift | 12 Pedalcycle | | |
| 06 Explosion or fire | 13 Animal | | |
| 07 Separation of units | 14 Fixed object | | |
| | 15 Other object* | | |
| | 16 Other* (non-collision) | | |
| | 17 In-Line Skater | | |

(* Describe in Explanation Section)

COPY FROM PLACARD:

4-digit identification number from diamond/orange panel

1 or 2-digit number from bottom of diamond:

NAME OF HAZ MAT CLASS:

WAS HAZARDOUS CARGO RELEASED FROM VEHICLE? (Other than fuel from fuel tank)

1 Yes 2 No

APPARENT DRIVER CONDITION

- 1 Appeared Normal
- 2 Had been drinking
- 3 Illegal drug use
- 4 Sick
- 5 Fatigue
- 6 Asleep
- 7 Medication
- 8 Unknown

EXPLANATION:

OFFICER'S RANK AND SIGNATURE	BADGE/ID NO.	NCIC NO.	DATE OF REPORT
Trooper <i>[Signature]</i>	2274	11502	08/28/2006
PRINT NAME IN FULL			
G M Stannard			

**PART E - EXTRAS /PRESS REVIEWS AND SOME INTERNET LINKS ABOUT THE
GREYHOUND BUS CRASH OF AUGUST 28, 2006.**

<http://www.pressrepublican.com/apps/pbcs.dll/article?AID=2006608300326>

August 30, 2006

News - Scene of I-87 bus crash compared to 'battlefield'

By: Lohr McKinstry

Staff Writer

The victim photographed is Laure Boudet.



Firefighter Daniel Faber of Wadhams holds a victim's hand while Dr. Tina Chahil treats her at the site of an Interstate 87 bus crash Monday evening.

Staff Photo/Lohr McKinstry

<http://images.pressrepublican.com/apps/pbcsi.dll/bilde?Site=PP&Date=20060830&Category=NEWS&ArtNo=608300326&Ref=AR&MaxW=400&MaxH=400&title=1&border=0>,

ELIZABETHTOWN — One rescuer says Monday's Interstate 87 bus crash that killed five people and injured dozens "looked like a battlefield" when he arrived.

A passenger told CBC News in Canada that he thought he was going to die as he bounced around inside the rolling bus.

Rob Kaplan of Long Island, a student at Concordia University in Montreal, was returning to school to start his second year when the bus flipped over on the Adirondack Northway between exits 30 and 31.

Kaplan, who had facial injuries, told CBC News he was asleep when driver Ronald Burgess of Central Islip lost control of the bus.

"It was the most terrifying thing I've ever experienced. We flipped over like four times, and I was knocked out. People had terrible injuries. I'm not really OK. I'm in terrible pain. Everything hurts.

"People had injuries so much worse than mine."